

Date Received _____

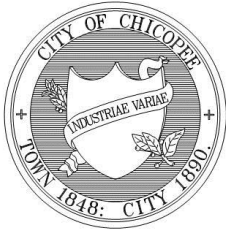
Check # _____

FEE: \$200.00

Total Amount: _____

Permit # _____

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION TO OPERATE A SUNTANNING FACILITY
2015**

Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Name of Establishment _____ Date _____

Business Address _____ Business Phone # _____

Mailing Address (If Different) _____

Name of Owner _____ Owner's Phone # _____

Email _____ Fax # _____

COMPLETE THE FOLLOWING:

- 1) List the manufacturer, model number, model year, serial number (if available) and type of each ultra violet lamp or tanning device located within the facility:

- 2) List the name and address of the tanning device supplier, installer, date of installation of each tanning device, and service agent:

- 3) List the names of operators who have been trained and are sufficiently knowledgeable in the correct operation of tanning devices used at the facility:

- 4) List the Days and Hours of operation:

M: _____ T: _____ W: _____ Th: _____ F: _____ Sa: _____ Su: _____

- ☒ Attach a copy of the consent forms to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D) (2) and (3).
- ☒ Attach a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.

APPLICATIONS NOT POSTMARKED BY DECEMBER 1ST WILL BE SUBJECT TO A \$100.00 LATE FEE.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 123.000. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information.

SOCIAL SECURITY OF FEDERAL ID NUMBER _____

SIGNATURE OF APPLICANT _____

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS